

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD STATE LICENSE NUMBER: 580502			STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0573	Based on an Abbreviated Survey in response to four complaints completed April 26, 2023, it was determined that Accela Rehab and Care Center at Springfield was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process	F 0573			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0573 SS=D	Continued from page 1 483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C) Postage, when the individual has requested the copy be mailed. §483.10(g)(3) With the exception of information described	F 0573	R-1's clinical record was provided after R-1's POA completed medical records request form Current facility Residents requesting medical records will have them provided timely All current requests will be audited and provided to appropriate requestor in appropriate regulatory required timeline by Medical Records/designee A weekly audit will be conducted to appropriate requestor and provided per appropriate regulatory required timeline to requestor wkly for four weeks and monthly thereafter by Medical records/designee The findings of the audits will be reviewed in Quarterly Council monthly for three months and quarterly thereafter.	Completion Date: 05/23/2023 Status: APPROVED Date: 05/12/2023	

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F 0573 SS=D	Continued from page 2 in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by:	F 0573			

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F 0573 SS=D	<p>Continued from page 3</p> <p>Based on review of clinical records, review of facility documentation and staff interview, it was determined that the facility failed to provide clinical records as requested in a timely manner for one of two closed records reviewed (Resident R1).</p> <p>Findings Include:</p> <p>Review of Resident R1's clinical record revealed the resident was admitted to the facility on June 16, 2022. Further review of Resident R1's clinical record revealed the resident was discharged on September 29, 2022.</p> <p>Interview on April 26, 2023, at 10:10 a.m. with Medical Records, Employee E3, revealed the facility recently received a medical records request for Resident R1 on April 4, 2023.</p> <p>Review of documentation provided by the facility revealed a request for a copy of Resident R1's medical records from the resident's authorized representative. The letter for the medical records</p>	F 0573			

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F 0573 SS=D	Continued from page 4 request was dated April 4, 2023, and indicated this was the "3rd Request." The letter was originally dated November 1, 2022, and again on December 29, 2022, as the "2nd Request." Continued interview at 10:15 a.m. with Medical Records, Employee E3 revealed they were unable to recall any requests from November or December 2022. Medical Records, Employee E3, confirmed the medical records request was still not fulfilled from medical records request received on April 4, 2023. 28 Pa Code 201.14(a) Responsibility of licensee	F 0573			
F 0740 SS=D		F 0740			

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F 0740 SS=D	Continued from page 5 483.40 Behavioral Health Services §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by:	F 0740	Resident R9 is currently followed by psych services and no further recommendations have been made at this time. Pharmacy recommendations will be reviewed by MD for gradual dose reductions regarding psychotropic medications and any recommended follow up with behavioral health services will be completed in a timely manner by DON/designee Re- education regarding the center policy on providing behavioral health services in a timely manner for residents prescribed psychotropic medications reviewed will be provided to licensed nursing staff by DON/designee An audit of 10 residents with gradual dose recommendations will be audited for recommended follow up with behavioral health serviced in a timely manner by the DON/designee wkly for four weeks and monthly thereafter The findings of the audit will be brought to Quality Improvement Committee monthly for three months an quarterly thereafter	Completion Date: 05/11/2023 Status: APPROVED Date: 05/12/2023	

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F 0740 SS=D	<p>Continued from page 6</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to provide behavioral health services in a timely manner for one of three residents prescribed psychotropic medications reviewed (Resident R9).</p> <p>Findings Include:</p> <p>Review of Resident R9's Quarterly Minimum Data Set (federally mandated resident assessment and care screening) dated February 11, 2023, revealed the resident had diagnoses of depression (mood disorder that causes persistent feeling of sadness) and bipolar disease (mental disorder that causes extreme mood swings that include emotional highs and lows).</p> <p>Review of Resident R9's care plan revised September 28, 2020, revealed the resident exhibited sexually inappropriate behaviors and taking roommates belongings. Further review of Resident R9's care plan revised September 28, 2020, revealed the resident had history of trauma</p>	F 0740			

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F 0740 SS=D	Continued from page 7 related to robbery with weapon and sudden expected death of family member. Continued review of Resident R9's care plan revised September 28, 2020, revealed the resident was on psychotropic medication (describes any drug that affects behavior, mood, thoughts, or perception) for management of bipolar and major depression. Intervention dated October 26, 2020, included psych consult as ordered. Review of Resident R9's physician order summary revealed a physician order dated August 9, 2021 for psych consult and treat as needed related to diagnosis of depression. Further review of Resident R9's physician order summary revealed the resident was prescribed medications Sertraline for depression, Tramadol as needed for pain, and Trazodone for insomnia. Review of Resident R9's Consultant Pharmacist Review Physician Report by consultant pharmacist, Employee E4, dated November 6, 2022, revealed	F 0740			

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F 0740 SS=D	Continued from page 8 recommendations to evaluate Tramadol, Sertraline, and Trazodone medications for serotonin effects. The report was signed by Registered Nurse, Employee E5, and indicated a verbal order was obtained that the physician agreed with recommendations and a note that the resident was "to be followed by psych." Review of Resident R9's Consultant Pharmacist Review Physician Report by consultant pharmacist, Employee E4, dated December 6, 2022, revealed recommendations to evaluate if a gradual dose reduction could be considered for Trazodone. The report was signed by Registered Nurse, Employee E5, and indicated a verbal order was obtained that the physician disagreed with recommendation and a note to "continue to follow up with psych." Review of Resident R9's psych consults provided by the facility revealed the resident was not seen for follow-up until April 13, 2023. Interview on April 26, 2023, at 5:30 p.m. with	F 0740			

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F 0740 SS=D	Continued from page 9 Nursing Home Administrator, Employee E1, and Director of Nursing, Employee E2, confirmed no further psych evaluations were available at this time. 28 Pa. Code 201.21 Use of outside resources 28 Pa. Code 201.18 (e)(6) Management	F 0740			
F 0758 SS=D		F 0758			

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F 0758 SS=D	Continued from page 10 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 0758	Resident R2 has been discharged from the facility. Review of recommendations made by behavioral specialists will be reviewed for residents in the facility to ensure that a residents right to be free from unnecessary psychotropic medications by DON/Designee Re- education on facility policy, regarding a residents right to be free from unnecessary psychotropic medications will be provided to all licensed nursing staff by DON/designee. An audit of 10 residents on psychotropic medications will be completed to ensure that assessment of medications and dosage are followed to ensure that residents right to be free from unnecessary psychotropic medications by DON/Designee wkly for four weeks and monthly thereafter The findings of the audit will be brought to Quality Improvement Committee monthly for three months an quarterly thereafter	Completion Date: 05/23/2023 Status: APPROVED Date: 05/12/2023	

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F 0758 SS=D	Continued from page 11 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0758			

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F 0758 SS=D	<p>Continued from page 12</p> <p>Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to ensure a resident was free from unnecessary psychotropic medications for one of three residents reviewed for use of psychotropic medications (Resident R2).</p> <p>Findings Include:</p> <p>Review of undated facility policy "Tapering Medications and Gradual Drug Dose Reduction" revealed residents who use psychotropic medications shall receive gradual dose reductions and behavioral interventions in efforts to discontinue these drugs. The staff and practitioner will determine whether continued use of a medication is benefiting the resident.</p> <p>Review of Resident R2's Significant Change Minimum Data Set (federally mandated resident assessment and care screening) dated February 23, 2023, revealed the resident was admitted to the facility on November 10, 2022, and was cognitively</p>	F 0758			

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F 0758 SS=D	<p>Continued from page 13</p> <p>intact. Further review of the MDS revealed the resident had a diagnosis of depression (mood disorder that causes persistent feeling of sadness).</p> <p>Further review of Resident R2's clinical record revealed the resident was discharged from the facility on March 27, 2023.</p> <p>Review of Resident R2's care plan revised April 5, 2023, revealed the resident was on psychotropic medication (describes any drug that affects behavior, mood, thoughts, or perception) for management of depression.</p> <p>Review of Resident R2's psych consult dated January 12, 2023, by Nurse Practitioner, Employee E6, revealed the resident was assessed for evaluation status post re-admission to facility post hospitalization to evaluate current mood, mental status, and effectiveness of current medication.</p> <p>Continued review of consult revealed Nurse Practitioner, Employee E6, reviewed Resident 2's</p>	F 0758			

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F 0758 SS=D	<p>Continued from page 14</p> <p>chart which revealed the resident returned from the hospital on a low dose anti-psychotic medication (treats conditions that cause or involve psychosis) of Risperidone which indicated was for depression. Resident R2 was noted with no changes in mood or behaviors.</p> <p>Recommendations by Nurse Practitioner, Employee E6, included to discontinue Risperidone 0.25 milligrams (mg) daily in 14 days, on January 26, 2023.</p> <p>Review of Resident R2's clinical record revealed the resident's Risperidone was not discontinued as recommended by the Nurse Practitioner on January 26, 2023.</p> <p>Review of Resident R2's medication administration record revealed the resident was prescribed and received Risperidone at bedtime from January 11, 2023, through March 10, 2023.</p>	F 0758			

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F 0758 SS=D	Continued from page 15 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(1) Management 28 Pa code 211.12 (d) (1) Nursing Services	F 0758			
F 0835 SS=A	483.70 Administration §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 0835	As per CMS and discussion with DOH, no POC is required. The facility will provide complete and timely documentation for completed clinical records as requested by the Department of Health	Completion Date: 05/23/2023 Status: APPROVED Date: 05/16/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038			
STATE LICENSE NUMBER: 580502					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0835 SS=A	<p>Continued from page 16</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to provide complete and timely documentation for two of three clinical records reviewed for monthly medication reviews (Resident R8 and R9).</p> <p>Findings include:</p> <p>On April 26, 2023, at 2:14 p.m. State surveyor requested via email to the Nursing Home Administrator, Employee E1, monthly pharmacy reviews for the last three months and psych notes for Resident R8 and R9.</p> <p>Monthly pharmacy reviews were not provided until 4:45 p.m. and was only provided for the months of November 2022, December 2022, and January 2023. The facility did not provide monthly pharmacy reviews for Resident R8 and R9 for February or March 2023. The facility still did not have psych consults available for review.</p> <p>Subsequently, the facility provided psych notes</p>	F 0835			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038			
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F 0835 SS=A	Continued from page 17 3-hours after request for Resident R9 on April 26, 2023, at 5:30 p.m. 28 Pa Code: 211.5(f) Clinical records. 28 Pa Code: 211.12(d)(1) Nursing services.	F 0835			
F 0840 SS=D		F 0840			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD STATE LICENSE NUMBER: 580502			STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
F 0840 SS=D	Continued from page 18 483.70(g)(1)(2) Use of Outside Resources §483.70(g) Use of outside resources. §483.70(g)(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (g)(2) of this section. §483.70(g)(2) Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for- (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. This REQUIREMENT is not met as evidenced by:	F 0840	Resident R2 has been discharged Residents that are preparing for discharge will have documented evidence that the facility communicates to residents regarding scheduled appointments and tests for the resident upon discharge by DON/Designee RE-education on the facility needing to provide provision of professional services furnished by outside providers will be conducted with all licensed nursing staff by DON/Designee An audit of the last 2 weeks of discharges will be completed to ensure that documented evidence of the facility's communications to residents regarding scheduled appointments and tests upon discharge are documented and provided to the resident by DON/designee An audit of the weekly discharges will be completed to ensure that documented evidence of the facility's communications to residents regarding scheduled appointments and tests upon	Completion Date: 05/23/2023 Status: APPROVED Date: 05/12/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD STATE LICENSE NUMBER: 580502			STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038		
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F 0840 SS=D	Continued from page 19	F 0840	discharge are documented and provided to the resident by DON/designee weekly for four weeks and quarterly thereafter. The findings of the audit will be brought to Quality Improvement Committee monthly for three months an quarterly thereafter		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
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F 0840 SS=D	<p>Continued from page 20</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to provide provision of professional services furnished by outside providers for one of ten residents reviewed (Resident R2).</p> <p>Findings Include:</p> <p>Review of Resident R2's Quarterly Minimum Data Set (federally mandated resident assessment and care screening) dated January 31, 2023, revealed the resident was admitted to the facility on November 10, 2022, and was cognitively intact. Further review of the MDS revealed the resident had a diagnosis of cholecystitis (inflammation of gallbladder).</p> <p>Review of Resident R2's nursing progress note dated December 30, 2022, revealed the resident was sent to the hospital for evaluation related to complaints of abdominal pains and vomiting.</p> <p>Review of Resident R2's hospital discharge</p>	F 0840			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038			
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F 0840 SS=D	<p>Continued from page 21</p> <p>paperwork dated January 10, 2023, revealed a CT scan in the hospital showed a possible gallbladder infection. Surgery was consulted but deemed Resident R2 not a candidate for surgery and placed a tube in the resident's gallbladder to drain the fluid (known as a cholecystostomy tube).</p> <p>Review of a report of consultation dated February 13, 2023, revealed Resident R2 had a post discharge consult after placement of the cholecystostomy tube. Recommendations from the physician included to consult with upper gastroenterology and follow-up after consult completed.</p> <p>Review of Resident R2's entire clinical record revealed no documented evidence the facility scheduled an appointment with gastroenterology or subsequent follow-up for the cholecystostomy tube.</p> <p>Review of Resident R2's discharge paperwork dated March 27, 2023, revealed no documented evidence the facility had any scheduled</p>	F 0840			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/26/2023
NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD STATE LICENSE NUMBER: 580502			STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038		
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F 0840 SS=D	Continued from page 22 appointments and tests for the resident upon discharge. Interview on April 26, 2023, at 4:45 p.m. with Director of Nursing, Employee E2, confirmed no documented evidence was available for follow-up appointments for Resident R2. 28 Pa. Code: 201.21(a) Use of Outside Resources 28 Pa. Code: 201.21(b) Use of Outside Resources 28 Pa. Code: 201.21 (c) Use of Outside Resources 28 Pa Code:201.18(b)(1) Management	F 0840			



Certified End Page

ACCELA REHAB AND CARE CENTER AT SPRINGFIELD

STATE LICENSE NUMBER: 580502

SURVEY EXIT DATE: 04/26/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY